

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO  
**10616168**  
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEF	IND	DEF	IND	DEF
1	1					
2		1				
3		2				
4		2				
5		1				
6		1				
7	1					
8		1				
9		0				
10		0				
11		0				
12		1				
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TOTAL IND.	4	1		1		1

1620

	IND	DEF	IND	DEF	IND	DEF
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